3CS/CD-5§0 (Rev. 12/03)			
MICHIGAN I	DEPARTMENT OF LABOR & ECONOMIC (BUREAU OF COMMERCIAL SERVICES	GROWTH	
Date Received	(FOR BUREAU USE ONLY)		
APR 0 5 2005			
	This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.		
Name Kurt P CSC-De		APR 0 5 20 05	
A +1-d	vic Center Plaza roadway , Ste 2090	.nitistrator Bureau of Commercial Serveces	
City	State Zip Code		
Denver	, CO 80202	EEECTA (E DATE.	
	urned to the name and address you enter above.	EFFECTIVE DATE:	
ii leit blank docu	ment will be mailed to the registered office.		653-975
Pursuant to ti	APPLICATION FOR CERTIFICA RANSACT BUSINESS OR CONDU For use by Foreign Corp (Please read information and instruction the provisions of Act 284, Public Acts of 1972 (profit is), the undersigned corporation executes the follow	CT AFFAIRS IN MI corations ons on the last page)	CHIGAN
1. The name of the	corporation is: Hill Airlines, Inc.		
The assumed na	em only if the corporate name in item 1 is not availa me of the corporation to be used in all its dealings of g of its affairs in Michigan is:		ransaction of its business
date of its incorpo	TO1- Q 10011	, and the te	
7001 ((Street Address)	of the main business or headquarters office of the control of the	orporation is: (State)	80249 (ZIP Code)
D. The mailing at	(City)	(State)	(7ID Code)

5.	The address of its registered office in Michigan is:
	601. Albott Road Fast Lansing Michigan 48823 (City) (ZIPCode)
	The mailing address of the registered office in Michigan if different than above is:
	(Street Address or P.O. Box) (City) (ZIPCode)
	The name of the resident agent at the registered office is: <u>CSC-Lawyers Theorem ting Service</u> (Company)
	The resident agent is an agent of the corporation upon whom process against the corporation may be served.
6.	The specific business or affairs which the corporation is to transact or conduct in Michigan is as follows: Our transportation
	The corporation is authorized to transact such business in the jurisdiction of its incorporation.
	(To be completed by profit corporations only) The total authorized shares of the corporation are:
	If the applicant is a trust please specify any powers or privileges possessed by the trust that are not possessed by an individual or a partnership.
	Signed this <u>33</u> day of <u>March</u> , <u>2005</u> . By <u>Cellise</u> (Signature of Authorized Officer or Agent) Elissa Poteck (Type or Print Name)

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Donetta Davidson, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

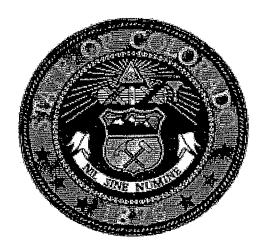
FRONTIER AIRLINES, INC.

is a Corporation

formed or registered on 02/08/1994 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19941015653 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/25/2005 that have been posted, and by documents delivered to this office electronically through 03/03/2005 @ 15:35:18 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 03/03/2005 @ 15:35:18 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6163836.



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site. http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."

BCS/CD-2500f (12/11)

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS FOREIGN CORPORATION INFORMATION UPDATE



2012

ue May 15, 2012	File Online	at www.n	illoringari.goviill	eomne		•
entification Number	Corporation name	VEO INO			·	
653975	FRONTIER AIRLI	NES, INC.				
sident agent name and mailing	address of the registere	d office				
CSC-LAWYERS INC	ORPORATING SE	RVICE (CO	MPANY)			
601 ABBOT ROAD		Abrose		***	w w se symptoperates	nty sam sam
EAST LANSING MI	48823				Info:2 17595954-: : 00557640 Amt	
		AP	R 23 2012	10:	653975	
ne address of the registered off	ice	guraau G	A Commercial gervies A Debartment	B		
601 ABBOT ROAD EAST LANSING MI	48823		, the Comment of the Comment	A STANLEY AND STANLEY AND STANLEY AND	and the second s	
To certify there are no char registered office has chang has changed complete Iter	ged complete Items 1-7. I	filing check this If no change in r	box and proceed to Iter esident agent or registe	m 7. If the resident ago red office but other in	ent and/or formation	
. Mailing address of registered	office in Michigan (may	be a P.O. Box)		2. Re	esident Agent	
The address of the registered				ddress of the register	ed office)	
The address of the registered				ddress of the register	ed office)	
The address of the registered Describe the general nature a		vhich the corpor			ed office)	
The address of the registered Describe the general nature a		vhich the corpor	ration is engaged:		ed office)	
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The address of the registered Describe the general nature a . NAME resident ecretary		vhich the corpor	ration is engaged:		ed office)	
The address of the registered Describe the general nature a . NAME resident ecretary reasurer ice - President		vhich the corpor	ration is engaged:		ed office)	
The address of the registered Describe the general nature a . NAME resident recetary reasurer ice - President		vhich the corpor	ration is engaged:		ed office)	
The address of the registered Describe the general nature a NAME President President Ice - President Director		vhich the corpor	ration is engaged:		ed office)	
The address of the registered Describe the general nature a NAME President Pecretary Treasurer lice - President Director Director	and kind of business in w	which the corpor	ration is engaged: ESS OR RESIDENCE centage: Submit an am	ADDRESS ended application to reverse, you may complete to	eport a change in autho	anu
The address of the registered Describe the general nature a NAME President President Director Director S. Michigan Business Tax or S shares. For increases in shremit any additional admiss	and kind of business in w	which the corpor	ration is engaged: ESS OR RESIDENCE centage : Submit an ampoortionment percentage in amended application.	ended application to re, you may complete to Worksheet only included.	eport a change in autho the enclosed worksheet uded if total authorized s	anu
The address of the registered Describe the general nature at the secretary Treasurer Director Director Michigan Business Tax or Secretary shares. For increases in sharemit any additional admiss greater than previous attributed.	and kind of business in was a single Business Tax Appares attributable due to a sit of fees with this report in table shares.	ortionment Percin increase in apin lieu of filing a	ration is engaged: ESS OR RESIDENCE centage : Submit an ampoortionment percentage in amended application.	ended application to re, you may complete to Worksheet only include	eport a change in autho the enclosed worksheet uded if total authorized s	and shares is

Report due May 15, 2012.

Department of Licensing and Regulatory Affairs

Bureau of Commercial Services, Corporation Division

P.O. Box 30702 Lansing, MI 48909 (517) 241-6470

If received after May 15, penalty fees will be assessed.

If more space is needed additional pages may be included. Do not staple any items to report. This report is required by Section 911, Act 284, Public Acts of 1972, as amended. Failure to file this report may result in the revocation of the corporation's Certificate of Authority. Late filling will result in penalty fees.